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NOWALSKY, BRONSTON & GOTHARD

A Professional Limited Liability Company

Attorneys at Law

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Philip R. Adams, Jr.

June 17, 2010

Via Overnight Mail

Chief Clerk
South Carolina Public Service Commission
101 Executive Center Drive
Columbia, SC 29210

RE: Authorized Utility Representative
First Choice Technology, Inc.

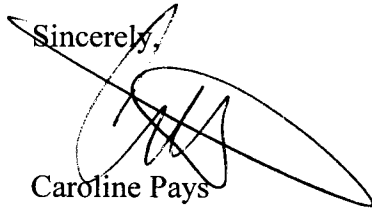
Dear Sir or Madam:

Enclosed please find the Authorized Representative Form for Telecommunications Carriers on behalf of First Choice Technology, Inc. This filing signifies the Company's change of address.

A copy of this revision has been enclosed to be file stamped and returned in the envelope provided as evidence of the filing.

Should you have any questions, please do not hesitate to call.

Sincerely,



Caroline Pays

/cp
Enclosures

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

First Choice Technology, Inc. _____
 Company Name _____

_____ 407-629-0950
 Dbaf/ka Telephone # _____

903 Lake Lily Drive, Suite A125 _____
 Mailing Address _____

Maitland, FL 32751 _____
 City, State, Zip Code _____

903 Lake Lily Drive, Suite A125 _____
 Business Location _____

Maitland, FL 32751 _____ Orange _____
 City, State, Zip Code County _____

REGISTERED AGENT INFORMATION

Registered Agent: Corporation Service Company _____

Mailing Address: 1703 Laurel Street _____

City, State, Zip Code: Columbia, SC 29201 _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A. Scott Howsare _____
General Manager (Include address if different than above.)
 407-629-0950 / 407-629-5320 / showsare@firstchoicetele.com
 Telephone Number Facsimile Number E-mail Address

B. Scott Howsare _____
Customer Relations /Complaints Representative (Include address if different than above.)
 Same as above / /
 Telephone Number Facsimile Number E-mail Address

C1. Scott Howsare _____
Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)
 Same as above / /
 Telephone Number Facsimile Number E-mail Address

C2. 1-888-598-0672 _____
Customer Contact (Toll Free Number)

D. Scott Howsare _____
Engineering Operations (Include address if different than above.)
 Same as above / /
 Telephone Number Facsimile Number E-mail Address

E. Scott Howsare _____
Test and Repair (Include address if different than above.)
 Same as above / /
 Telephone Number Facsimile Number E-mail Address

F.

Emergencies (During non-office hours)

Telephone Number

Facsimile Number

E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G.

Scott Howsare

Regulatory Officer (Include address if different than above.)

407-629-0950

/ 407-629-5320

/ showsare@firstchoicetele.com

Telephone Number

Facsimile Number

E-mail Address

H.

Scott Howsare

Dual Party Mailings (Name)

903 Lake Lily Drive, Suite A125, Maitland, FL 32751

Mailing Address

407-629-0950

/ 407-629-5320

/ showsare@firstchoice tele.com

Telephone Number

Facsimile Number

E-mail Address

I.

Scott Howsare

Interim LEC Fund Mailings (Name)

Same as above

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

Scott Howsare

Universal Service Fund Mailings (Name)

Same as above

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

K.

Scott Howsare

Gross Receipts Mailings (Name)

Same as above

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

L.

Scott Howsare

Lifeline Mailings (Name)

Same as above

Mailing Address

Telephone Number

Facsimile Number

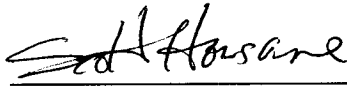
E-mail Address

Scott Howsare

This form was completed by (print name)

President

Title


Signature

6/17/10

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 01/2010)